

No. 2
2-43
5-17-39
1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34312

State File No. _____

REC NOV 10 1943
Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 324

1. PLACE OF DEATH: *Callaway*
 (a) County *Callaway*
 (b) City or town *Tullton*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Missouri* (b) County *Callaway*
 (c) City or town *Tullton*
 (If outside city or town limits, write "RURAL")
 (d) Street No. *837 Walnut* (If rural, give location)
 (e) Citizen of foreign country? *No* (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME *Ms. Sylvia Berry*
 3. (b) If veteran, name war _____
 3. (c) Social Security No. *None*

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month *Oct* day *1*
 year *1943* hour *2* minute *P* M.

4. Sex *Female* 5. Color or race *Negro*
 6. (a) *Widowed* 6. (a) *Widowed*
 6. (b) Name of husband or wife *Austin* 6. (c) Age of husband or wife if alive _____
 7. Birth date of deceased *Jan. 9 - 1856*
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *Sept-1* 19*43* to *Sept-1* 19*43*
 that I last saw her alive on *Oct-1* 19*43*
 and that death occurred on the date and hour stated above.

8. AGE: Years *87* Months *8* Days *22*
 If less than one day _____ hr. _____ min.

Immediate cause of death: *Uraemia*
 Due to *Chron. Nephritis*
 Due to *Chronic Nephritis*

9. Birthplace *Callaway Co. Missouri*
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation *Laundress*

Major findings: *1318*
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name *Dr.*

13. Birthplace *Dr. 9*
 (City, town, or county) (State or foreign country)

14. Maiden name *Rydia Homack*
 15. Birthplace *Virginia*
 (City, town, or county) (State or foreign country)

16. (a) Informant *Joe H. Meador*
 (b) Address *837 Walnut St Tullton Mo*

17. (a) *Burial* (b) Date thereof *Oct 3-43*
 (Month) (Day) (Year)
 (c) Place: burial or cremation *South Side Cem Tullton Mo.*

18. (a) Signature of funeral director *eli Bell*
 (b) Address *Tullton, Mo.*

19. (a) *0-3 1943* (b) *Jose M. ...*
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature *Dr. ...* (M. D. or other) _____
 Address *529A ... Tullton, Mo.* signed *10/12/43*

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4
1
2

1147

(Licensed Embalmer's Statement on Reverse Side)

10/12/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.

working under my personal supervision.

Signed..... *E. Bell*

..... Licensed Embalmer No. *2130*

..... P. O. Address *Fulton, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.